MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

COMMISSION MEETING MINUTES
Friday, April 28, 2006

I. Call to Order

Chair Steinberg called the meeting to order.

Chair Steinberg welcomed everyone to the November Mental Health Services Oversight and Accountability Commission.

II. Roll Call

Present were Commissioners Carmen Diaz, Wesley Chesbro, F. Jerome Doyle, Saul Feldman, Linford Gayle, Mary Hayashi, Patrick Henning, Karen Henry, Gary Jaeger, Kelvin Lee, Andrew Poat, Darlene Prettyman, Darrell Steinberg.

Absent at roll call were: Commissioner Mark Ridley-Thomas

Tricia Wynne represented Commissioner Lockyer and Ann Sasaki-Madigan represented Commissioner Kolender.

III. Clients and Family Members: Recommendations to MHSOAC in Addressing Financing Challenges and Building a Recovery Oriented Mental Health System

Pam Hawkins, Advocacy Manager, for United Advocates for Children of CA gave the following presentation:

- The Children's System of Care concept is a framework and was never intended to be a model. Systems of care change and evolve over time and are a developmental process.
- The Children's System of Care approach is driven by the needs and preferences of the child and family using a strength-based approach.
    - Family involvement is integrated into all aspects of service planning and delivery.
    - The locus and management of services are built on multi-agency collaboration and grounded in a strong community base.
    - A broad array of services and supports is provided in an individualized, flexible, family-driven, coordinated manner and emphasizes treatment in the least restrictive, most appropriate setting.
    - The services offered, the agencies participating, and the programs generated are responsive to the cultural context and characteristics of the populations that are served.
- Children's System of Care has demonstrated success. It results in significant improvements in children's functioning ability such as, avoidance of institutional

placements, improved school attendance and performance, stable living environments and is a substantial cost savings.

- Family members of children and youth support the MHSA and participated in drafting the MHSA to ensure that the framework included Children's System of Care as a service delivery framework for children and youth. United Advocates for Children of CA was instrumental in getting that language in the MHSA and it is referenced in MHSA, Section 5, Article 11, 5878.1(a). In addition, family members participated in the campaign and passage of the MHSA based on the promise of continued Children's System of Care in California.
- The Mental Health Services Act mandates that Children's System of Care be restored and it was funded at $20 million in 2003-04. It was thought that all MHSA monies were going to be provided within a Children's System of Care framework and that the Act would guarantee restoration of the $20 million. Instead, what has happened is that the money did not get restored.
- Recommendations from family members of children and youth for Commissioners are that the Commission require the reinstatement of the $20 million state general CSOC funds and restore the $20 million in CSOC funding from 2003-04. Ms. Hawkins said lawsuits in California seem to be the way to get children's services and she does not want to do that in order to restore Children's System of Care. She has come here today as a family member and she is representing family members across the state to ask the Commission to influence legislators, Governor, and administration to restore the Children's System of Care funding.
    - Ms. Wynne said she has noticed that a number of counties are spending their MHSA funding to expand their Children's System of Care and asked if Ms. Hawkins could comment on this. Ms. Hawkins said the counties that continue to fund Children's System of Care with Realignment dollars can enhance their Children's System of Care with MHSA dollars. When the monies stopped coming in, counties had to stop doing Children's System of Care work and could not use MHSA dollars in order to continue. What has happened is that the Realignment money that had been in children's services to provide services that are not covered by Medi-Cal, had to go to the adult mental health services portion of the county. Children's services in counties now are primarily funded by EPSDT.

Ralph Nelson, Chair of National Alliance on Mental Illness provided the following information:

- Members of NAMI California have concerns and questions about the financing of MHSA transformation of the mental health system in California.
    - NAMI California is an organization with members who are consumers as well as family members and friends of consumers. Many of the NAMI consumer members are on the higher rungs of the ladder of recovery. However, there are more consumer members that are on the lower rungs of the ladder of recovery and have repeated relapses and psychoses. It is the family who repeatedly picks up the pieces when the mental health services fail and the consumer has a relapse or another psychotic episode. Finally, when the consumer is a danger to himself, a danger to others, or gravely disabled, the county will use a 51/50 to involuntarily get a hospitalization for the consumer. Many times the hospitalization comes too late to prevent the consumer from becoming addicted to illegal drugs and alcohol, or breaks the law and becomes ensnared in the criminal justice system. This often not only ruins the consumer's life, but becomes an emotional and a financial drain for all of the family members. It costs more in the end for acute hospitalization admissions and hours spent by

police officers, public defenders, prosecutors, judges, jail personnel as well as state hospital cost.

- The second thing is how will the counties be able to pay for the transformation of the traditional system? With a baseline for funding and services in the fiscal year of 2004-05, any supplentation to cover these services will be forbidden. In future years who will pay for the increased costs of providing these baseline services that the county must provide, and at the same time transform the system? Who pays for the increased costs of supplies, rent, utilities, vehicles, gasoline, or the inflation of personnel wages? The County? The Legislature? Realignment? Portions of MHSA? Who is going to pay for the traditional system?
- Because of budget cutbacks many of the county mental health medical and therapeutic services were dramatically reduced by 2004. How will the Mental Health Department upgrade needed basic services and still add recovery based programs to implement the transformation for consumers who are not eligible for MHSA funding, as defined by the DMH guidelines and county criteria for full service partnerships? How will the consumers in full service partnerships move from MHSA programs to the traditional mental health system once they have insurance, Medicare, or Medi-Cal so that additional on-served and underserved consumers can be accommodated?
- Although income through MHSA will rise initially, it will grow much more slowly or level off at some point in the future. Although many evidence-based programs are promising and promote individual recovery, they may not save money and could end up significantly increasing the cost of county mental systems.
- How will the county mental health systems handle the increased number of consumers entering the system that were previously not served before MHSA was enacted? Will the traditional system now have an added cost of paying for hospitalization of the on-served consumers who have been brought into the system with MHSA? Will we have a bifurcated system, like the segregated school systems of the past?
- As of July 1, 2006 someone who either applies for Medicaid or seeks to be recertified as eligible will have to provide proof of citizenship; resident aliens are exempt.
- Will we continue to have family members pulling up the slack and picking up the pieces when the traditional community mental health system does not transform because of under-funding and the fail first system continues?
    - Chair Steinberg said these are very serious questions that will help frame the Commission's work over the months ahead. The Commission will endeavor to provide guidance on each of the questions as the months proceed.
    - Commissioner Henry asked Mr. Nelson about the traditional system, public law, and Medi-cal? Mr. Nelson said Congress passed a law in January 2006 that if a client receives Medi-Cal or Medicaid funds for services, they have to be documented in the chart that they are a legal citizen or a legal alien resident. If this is not adhered to monies will not be paid.
    - Chair Steinberg reminded the Commission that Dr. Arneill-Py will be working with Ms. Clancy to develop a road map to follow, which will begin to answer a lot of the questions Mr. Nelson raised.
    - Commissioner Feldman asked for some clarification on Mr. Nelson's point regarding evidence-based practice. He asked if NAMI's position is that evidence-based practice will not save money. Mr. Nelson when it

is compared to the traditional systems, where so little money was put into the particular practice, that evidence-based practice may actually cost more. You will get better results and it may prevent future relapses and psychoses, but the cost itself may actually be more expensive than what the county is currently doing. People assume it could be less but he doesn't think that this is necessarily true. Mr. Nelson said even with the best evidence-based practices there will be a small percentage of consumers that will not be successful, and will have repeated episodes of symptomatology, and these are the family members that gravitate toward NAMI because everything else has failed them.

Sally Zinman, Director of California Network of Mental Health Clients gave the following presentation:

- In the MHSA it states that planning for services shall be consistent with the philosophy, principles and practices of the recovery vision for mental health consumers; to promote concepts key to the recovery for individuals who have mental illness, hope, personal empowerment, respect, social connection, self responsibility and self determination to promote consumer operated services as a way to support recovery; to reflect the cultural , ethnic, and racial diversity of mental health consumers; and to plan for each consumers individual needs.
- Yesterday, the Commission heard where money came from, but not where it went. The money goes to hospitals, inpatient units, sub-acute units, skilled nursing homes. Ms. Zinman feels this is based on the wrong values of involuntary treatment and not client direction or self-determination and it produces recidivism.
- The Commission's challenge is to divest that bank. Recovery services are financially feasible. Build the field and the finances will take care of itself because clients will be out of those high cost places that create more mental patients.
- Recovery based mental health services needs to be available and accessible, including peer connections and peer run services.
- The traditional mental health service of pattern is the typical treatment. When someone is experiencing mental distress they receive involuntary treatment of some length, extensive and maintenance use of medications, no or little follow-up supports and services in the community, recidivism and chronic "mental illness".
- Ms. Zinman said she spoke with Steve Fields who has a crisis residential facility in San Francisco and San Diego. The cost to stay in a hospital is four times greater than that of a crisis residential facility. In addition only 8 percent of the people return to the hospital after two years being out of the voluntary crisis residential facility.
- She heard from many people who said the only way to begin transforming the system towards recovery concepts is to stop funding only the acute side of mental health.
- Before the advent of MHSA, 96.4 percent of the Department's staff provided long-term care institutions and less than 2 percent assisted counties with mental health services and leadership development. Clearly, most of the resources are put in the treatment patterns that have negative results for consumers and perpetuates and multiplies itself to inpatient facilities, involuntary treatment and recidivism. We need to drastically reduce the inpatient treatment in order to have the finances necessary to build a voluntary community based driven system.
- Most counties are opting for services that only engender Medi-Cal reimbursement. This is a problem because there are wonderful housing and job programs, and peer and consumer run programs that do not draw down Medi-Cal reimbursement. Ms. Zinman feels the money is going to the wrong place and creating negative financial results.

- The New Freedom Commission understands that Medi-Cal is too restrictive and wrote that the federal government must also provide leadership in demonstrating accountability for funding approaches and removing regulatory and policy barriers.
- Ms. Zinman said clearly, for the Network, mental health services are guided by funding streams entrenched in institutional inpatient self interest. To transform mental health system it must be guided by the recovery vision which includes choice, and self-determination, and an array of services that address the needs of the whole human being.
    - Commissioner Feldman said people who use medical services are invariably called patients. He asked what the significant differences are between mental health and medical care because everyone seems to use different terms. He asked why Ms. Zinman's organization uses clients. Ms. Zinman said people did not want to call themselves patients because it would perpetuate the concept that they were patients for life instead of human beings. Some people use "survivor" based on their experience with the mental health system. Her organization picked the least offensive name, which was "client".
    - Commissioner Gayle asked Ms. Zinman her opinion around the existing clients and the money as Mr. Nelson raised in his presentation. He also asked what direction the Network is going in terms of cultural competence and not just client culture. Ms. Zinman said she believes consumers and family members have suffered from a mental health system that was broken and with recovery services this would not be true. Some of the things that are going on with Medi-Cal are bad and everyone needs to work on a federal level. In terms of cultural competency the Network's goal has been to create diversity. This goal has not been reached yet.
    - Commissioner Poat said the real challenge for transformation is to look at the money that is being spent and to leverage it in the right direction. He said it is difficult to shift entire systems at once, and in his opinion, the Commission would be well served to try and create waivers that attempt to take the Act's money and mix it with money that is already being spent. He asked the Commission to set a goal to have a budget change proposal/waiver proposal by September for the next state budget. Chair Steinberg asked the Commission to think about whether it would like to form a Finance Committee to focus on the issues.
    - Commissioner Doyle said the Commission needs to be very conscious of the threats at the federal level that are going in the opposite direction, i.e., proposals from the administration to severely restrict the rehab option and move the program more toward the very narrow medical model.
    - Commissioner Chesbro said the challenge is to try to figure out how to transform the general fund spending on mental health and to be looking at more creative ways to analyze this. He suggested looking at what evidence already exists regarding direct savings and look at the research that has been done.
    - Commission Feldman said the Commission has the opportunity to redirect existing funds that are being miss-spent. A central role of this Commission is to set an example and this can be demonstrated through its own innovation and system building. The Commission should work to convince people at the state level who are responsible for spending money, to spend it in new and different ways.
    - Commissioner Jaeger said within the mental health dollars there are silos and he was struck by what he saw and how wasteful this is of the monies that go into the mental health silo already. You should not have to do 16 different reports, 16 different ways. To move money from a prison silo, to a Sheriff's silo to a mental health silo is an extremely difficult and long-term process. To potentially lower

the barriers for the dollars that are currently spent within the mental health silo is not a formidable challenge. He asked if the Commission could influence allowing one county in California to experiment with directing their mental health dollars in the way they thought was best and then let the Commission know the results.

- Commissioner Diaz said she believes that in the children's sector a lot of the money is being used in the foster care. She said the Commission should start targeting some of the children that are not yet involved with DCFS. Chair Steinberg said the Prevention Committee is looking into this.

IV. Update from Department of Mental Health (1) Plan for Prudent Reserve and other available service funds; (2) MHSA Implementation Issues; (3) Development of MHSA Regulations.

Stephen Mayberg, Director of State Department of Mental Health gave the following presentation:

- There is $714 million in the account the State Controller has taken in for taxes, and $30 million has been expended.
- The initiative took a percentage of monies that would be coming in from income tax and set them aside. The best guess of the crafters of the initiative had to get to where they thought the actual number would be (the one percent over one million dollars). Based on the percentage that they chose, and because the money coming in has been low, in order to settle up for the first six months the cost was $83 million. Eighty three million dollars was transferred into the budget. The second part of this is there was a percentage taken out but there were also targets in the initiative of monies that they were supposed to achieve. So money was taken out not knowing what the income was going to be, and then there was a settle-up to a number that was proposed, and then there will be an actual settle-up after they have calculated what actually came in for taxes. The Department does not know whether the money it is planning for is high or low. It won't know for two years after the year, and it won't be until next year that the Department will get reimbursed for the first six months. Because he doesn't know what the real numbers are he cannot give the Commission the actuals.
- Some of the difficulties in implementation have to do with lack of clarity both in the initiative and in our interpretation. In an independent review, it was noted that there is vulnerability in the Act in terms of broadening the implementation. Dr. Mayberg said the Department does not want to do underground regulations and it does not want Courts making the decisions. This needs to be something that's thoughtful and the regulatory process needs to include public input.
- Recommendations and policy issues need to be identified and then begin crafting proposals so there is a framework that everyone can live within.
- There is no provision in the Mental Health Services Act for statewide or regional programs, and statewide programs needs to have a way to get there in conjunction with the counties. There is no provision for how the money is distributed and this will need to be done through regulations and policy.
    - Chair Steinberg clarified that everyone needs to be working together towards the development of regulations, not only in CSS, but obviously in the areas where the Commission has authority for prevention and innovation. He asked Dr. Mayberg who will be taking the lead in the various areas, and what role does he see OAC playing in the development of regulations. Dr. Mayberg said the Commission has approval responsibility for innovation and prevention and early intervention, so it needs to formulate some of the policy questions and address

them quickly. The Department needs to take the lead in the education and training, CSS, and the capital. However, this is a collaborative effort and it is necessary to get the policy issues out on the table, discussed, decided, make recommendations and then debate them.

- All programs need to be linked together. They cannot stand alone.
- Dr. Mayberg showed two PowerPoint slides regarding financing using different assumptions (see attached charts). He said assuming that the economy is growing by 3 percent each year, by year four there will be $425 million available for community services and support. For prevention and early intervention by year six there will be $152 million. The money for education and training sits cumulatively in one area and is accumulating at a rate of $70 million a year. The facilities and infrastructure stops after three years and the 20 percent has been added on top of that for years four, five and six and the housing initiative would come out of this money. State administration, both OAC and the Department of Mental Health grows to about $40 million.
    - When developing the initial community services and support budget, ten percent of the $35 million is set aside for either statewide programs, regional programs or the prudent reserve. It was thought that the 10 percent would be enough. Unfortunately, it has turned out that it is not enough and there are no regulations or processes to be able to make decisions on how to expand that money on statewide and regional programs.
    - In a projection from 1999 to 2008, for the prudent reserve, the chart shows that there is double the prudent reserve, but by 2004 almost all of the prudent reserve was used up and the program was reduced by 15 percent.
    - There are a couple of things that could have huge impacts economically. The first is the issue of pandemic flu which would have massive economic impacts on the state. Another impact would be if there was a disaster, either natural or terrorist driven.
        - Chair Steinberg said if the Department approved a county plan on May 1, 2006, that county would only get two months worth of money (May and June) for the fiscal year. Does the remainder of the money go into the reserve for the prior ten months? Dr. Mayberg said it would not because there is the service money that is approved and the Department said it would allow up to 75 percent of the first year money to be expended on one time expenditures, such as capital, educational training, vehicles, etc.
        - Chair Steinberg asked how much is in the reserve now and what is its source. Dr. Mayberg said it is impossible to answer the question of how much is in the reserve now because there has been $714 million collected, but none has been designated as reserve. Technically, the only thing that is set aside and hasn't been expended is the $35 million set aside and the unexpended state administration cost. Once all the negotiations with the counties have been completed, and feedback is received from the Franchise Tax Board on what the actuals are, then the reserve will be expended.
        - Commissioner Chesbro said that the source of income from wealthy people is more volatile and this reinforces the idea that we need to think about keeping it level. He asked if any of the counties have proposed to do a fiscal reserve. Dr. Mayberg said

they have but it is an ongoing debate with the counties. The Department is concerned about having fiscal reserves at both the state and the county level for economic down turns. The county can have a certain amount of prudent reserve for operational expenses but not 50 percent.

- Commissioner Poat said no fewer than six of the last fifteen years has the state had reductions in income and this is a real concern.
- Ms. Wynne said she recognizes that this is a more volatile string of income and asked Commissioner Poat what a prudent reserve in a county might be, and asked if Senator Chesbro could tell her what a prudent reserve in a state might be. Commissioner Poat said the prudent reserve is very complex. Most all of the Boards upon which he sits has an audit committee but this Commission does not have an audit committee. He said when decisions are made with this much money, small assumptions can shift hundreds of thousands of dollars. Oversight is in this Commission's name and he believes that someone should sit with those who are making the assumptions.
- Chair Steinberg said his basic comment is that Dr. Mayberg's approach is correct, in the sense that it is appropriate to be conservative around insuring that the potentials are addressed. The questions heard today reflect that as an Oversight Committee we need to get into the game, whether it be by contracting with an economist, or form an audit committee.
- It was noted that county revenue is not as volatile as state revenue during down turns.
- The Commissioners requested a copy of Dr. Mayberg's presentation.

Carol Hood from the State Department of Mental Health provided the following updates on Year Two:

- The MHSA requires updates at least annually to the Community Services and Supports Three-Year Program and Expenditure Plans. Although many of the counties are still in the approval process, we need to start thinking now about what the annual update is going to be.
- DMH is requesting stakeholder input on the draft Annual Update requirements.
- This information is intended to supplement other county reports that are provided to the State.
- The purpose of the annual update is to provide an ongoing community program planning and implementation of MHSA services; provide specific information required in the county's Three-Year Plan approval; provide mechanism for counties to propose changes to programs; and meet MHSA statutory requirement for annual update. Ms. Hood asked everyone to think about the size of the document that they are expecting back from counties to help focus on what it is we are asking from them.
- Brief implementation update must emphasize the 5 essential elements:
  - Community collaboration
  - Cultural competence
  - Client/family driven mental health system
  - Wellness/recovery/resilience focus
  - Integrated service experiences

- Update on continuation of Community Program Planning should describe the following:
    - Describe involvement of stakeholders in update and implementation processes
    - Provide the dates of the 30-day stakeholder review period
    - Include documentation of public hearing by local mental health board
    - Provide brief implementation update for programs for each age group
        - Highlight transformational activities to move system toward 5 essential elements
        - Describe major implementation challenges encountered
    - Some counties may have additional reporting requirements as a condition of approval of their Three-Year Program and Expenditure Plan by the State. Those updates are required with the annual update.
    - Chair Steinberg asked Ms. Hood to consider implementing a document similar to what Shasta County developed.
    - Commissioner Diaz suggested incorporating information from the stakeholders (parents, consumers, family members) on how they think their plan is working.
    - Another suggestion was made to have a stakeholder meeting.
    - Ms. Hood said she had a stakeholder meeting in Orange County with 90 percent consumers and family members from Orange County and a few people from other counties, as well as management from Orange County. There was also a stakeholder meeting in Sacramento. In this process feedback is received from people. There was feedback on the Three-Year Plan stating that the documents were bigger and more bureaucratic and not user friendly.
    - Commissioner Chesbro said what intrigues him about the annual update is that over time there is the potential for it to be used to help other counties see what is working and what is not. He said maybe an annual conference could be held where the counties could present what they are doing in order to have a chance to talk to one another and give feedback to each other.
    - Ms. Hood said she is working with people who are going to look at some of the early implementation counties in order to get the early lessons as a guide for other counties.
    - It was mentioned that the girth of the county plans is impressive and intimidating. He asked if there was something the Department could do to reduce the magnitude of the plans to a reasonable size. Ms. Hood said this is exactly what is being talked about as one of the primary goals in the annual update.
- Ms. Hood said some counties are being approved with conditions and at this point the conditions will also have to be reported upon.
- Some counties may find that some of their initial plans need to be changed, so this is another opportunity for counties to propose some of the changes.
- Regarding timeframes, the implementation period addressed in the annual update shall be the six months following the approved start date for services for the initial update and then the prior fiscal year for subsequent annual updates.
- The Department of Mental Health has the approval, and the Oversight and Accountability Commission has the review authority, and any approved changes would go into the performance contract. The Department is in the final completion mode for the performance contract and it is expected to get them out to counties either in May or June.
    - Commissioner Prettyman said that the counties have so many reporting requirements now and asked if more are going to be added. Ms. Hood said this report is for when a plan has been approved on conditions. Commissioner Prettyman asked if input is being received from the people who are receiving the services. Ms. Hood said she has to report on the stakeholder input and it goes out for public input for 30 days. People then have a chance to see what the county is saying.

- Commissioner Lee said it has been his experience, in situations where there is a lot of money to be divvied up, that trying to reduce the report to ten pages might be more unmanageable than having a document of a larger size. He said the Department may want to consider an executive summary of up to ten pages with annotations to the original document.
- Commissioner Feldman asked what is looked at in order to get a sense of what is transformational. Ms. Hood said the draft asks for counties to communicate what they think is transformational. Commissioner Feldman asked what measures are used to come to conclusions about the county's performance with regards to this issue. Ms. Hood said she is still working on specific measures. Some of the reports from counties on a qualitative basis could help to get measures as well. The Performance Measurement Committee is working on this issue too.
- Chair Steinberg asked Ms. Hood what the assurance is that the counties are being held to meeting the conditions before the year-two funding is gone. Ms. Hood said they would report to the Department in the Annual Update about what they have done to meet the conditions. If they have not met the conditions then a performance contract will be drawn up with the conditions cited and then the regular process would occur.
- Commissioner Gayle said that it has been heard from consumers and family members that they feel that some of the plans are being submitted without any consumer or family input. They want to establish a grievance or an appeal process. Ms. Hood said the process that has been developed is for the county to write up what they have done in the stakeholder process and it is out for 30-days and people are free to comment on this.

V. MHSOAC Committee Reports and Updates

Commissioners Wynne and Doyle updated the Commission on the Community Services and Supports Committee. The Committee provided the following recommendations to DMH for inclusion in the annual updates:

- DMH should elaborate a power in the end and clarify the definitions of fully served, underserved and inappropriately served that was provided in the original CSS requirements.
- DMH should expand upon the CSS target population descriptions in a manner that encourages more investment in a movement toward "help" first and system of care services for current consumers that would promote wellness recovery and independent least restrictive settings in their living environments. DMH should clarify any misunderstanding of MHSA funding priorities, ensure balance in the investment of MHSA funds and overt any unintended consequences leading to the exclusion of "help" first strategies.
- DMH should try to clarify the purpose of system development and what it means and get more clarity around the funds.
    - Commissioner Feldman encouraged the Community Services and Supports Committee to work together with the Prevention and early Intervention Committee to work together and for the Commission to begin to develop a process to keep track of everything to make sure we integrate the things that need to be integrated.
- Ms. Wynne said Ms. Hood said input is allowed until May 6 and she will work with Ms. Hood and talk about this subject. As the OAC and the CSS Committee begins to try and assert power and control over this process there will be natural conflicts with DMH and the CSS Committee is working on formalizing a relationship.

- Ms. Wynne made a correction to yesterday's meeting clarifying that Stanislaus County does have an Office of Consumer Services.
- A memo regarding benchmarks was sent to the Commissioners with a list of questions that the Commission should be thinking about because they lead to transformation. She asked the Commissioners to review it and advise her of any corrections and/or additions.
    - Chair Steinberg asked how the CSS Committee would like the Department to respond to its three specific recommendations. Ms. Wynne said she will be talking to Ms. Hood to see how the Committee will be involved in the process.
    - Commissioner Feldman asked to what extent has there been some congruence between the CSS recommendations and observations of the county plans and those of the Departments. Commissioner Doyle said it varies from county to county and in some counties the Committee's observations and comments have been very similar to the Departments and with others there is quite a bit of divergence.
    - Commissioner Poat asked if there is any pattern to the divergences. Mr. Caruthers, the Committee staff person, provided an update on the workload. Anecdotally the pattern he has seen is the more history DMH has with the county the more divergent the views will be. He informed the Commission that there is a staff-level project for creating a baseline level set of data for the process which will identify what measurements are useful in creating the baseline and identifying where the sources are. However it will take years to establish the baseline. Commissioner Feldman said perhaps DMH has more knowledge of this than the Commission does and asked if there is someway this could be communicated to the Commission chairs of the committees. Dr. Mayberg said we will have the history and data for the next round. It is important for the Department to explain the unique challenges each county has and they are judged a little differently based on past performance.
    - It was suggested to get clarity from the Commission regarding what benchmarks should be tracked, and where change is expected over the next five to seven years, then the CSS Committee can ask the county about information relative to each of those benchmarks.

Commissioners Hayashi and Prettyman provided the following update on the Prevention and Early Intervention Committee:

- The Prevention and Early Intervention Committee meetings will be open to the public and posted on the website.
- The Committee adopted its role and responsibilities in prevention and early intervention and will be available on the website.
- There are five more slots to be filled on the Committee and she invited the public to submit applications to join the Committee. The application will be on the website.
- A one year process has been developed for the guidelines of prevention programs. The Committee is working on a two-day in-service program for the PEI Committee members and the Commissioners in July 2006. The second step is to maximize public participation by doing a series of regional meetings. Step three will be for the Committee to formulate the priorities for the next three years. The final step will be a large summit in December to include everyone and then present to the Commission for its final decision, the Committees final priorities.
- Although there was not a consensus, the Committee would like to focus on children and youth and life span issues.
- The Committee will ask for a Mental Health Director from DMH to attend the Committee meetings.

- It was noted that if someone is interested in one of the open slots on the Committee, and they are representing an association they can send an e-mail to Ms. Clancy and she will send the association applications directly.
    - Chair Steinberg asked to have counties involved in the policy questions regarding statewide programs and to build this into the guidelines.
    - It was suggested that the guidelines be developed after there is a clear understanding of whether there is agreement with DMH. Chair Steinberg said there needs to be collaboration between the OAC, the Department and the counties and there needs to be some legal framework.

The Cultural and Linguistic Competence update will be given in May. Ms. Clancy said the Cultural and Linguistic Competence Committee will be a full Committee of the Commission and the co-chairs are Commissioners Gayle and Lee.

Ms. Clancy updated the Commission on the Committee Initiation and staffing. There are six long-term consultants that have contracts with OAC and they are serving as staff for the various committees. She included in the Commission's packet of information resumes of all the individuals.

VI. Public Comment

- Laurel Mildred reiterated Mr. Nelson's comments regarding the full service partnership structure. She is concerned about the people who are languishing in board and care homes and other negative circumstances, and the public's perception that some people receive great services while others do not. She said she has watched Board's have to choose between older adult services and children services and it is a painful process to go through. The amount of funding that gets spent on institutional care in the counties is troubling to everyone. One contributor to this is that there is no entitlement for mental health services. The mandated requirement for this funding source is to provide involuntary care for people who are a danger to self or others. It is essential to shift the strategies that Ms. Zinman spoke about earlier. Dr. Mayberg said there would be a healthy pot of money for education and training. She said it is a very troubling concern that no money has been received for a workforce to support the CSS plans. The next 12 months is a critical time for the CSS plans and we need to focus attention on the short-term strategies that will help the plans get off the ground. She said that for many mental health clients living and being in the mental health system is a disaster for them everyday and she is hesitant to let the prospect of future big disasters derail us from focusing on the immediate disaster people are experiencing today.
- Patty Gainer said she is speaking for the California Network of Mental Health Clients. She hears serious complaints everyday about local MHSA implementation. Unfortunately sometimes the very people who are charged with local oversight are the ones perpetuating the problems. There is almost no client involvement for the writing of the plans, especially the budget section. Consequently, many final plans are not congruent with stakeholder proposals they are to represent. At the Commission's last meeting she recommended to the Commission that they design and implement a formal grievance process to investigate and remedy complaints. The MHSA is supposed to be driven by clients and loved ones but so far the experience has been mostly as backseat drivers with county administrators in the driver's seat. Chair Steinberg agreed to place this recommendation on the agenda and she asked him for the status. She also would like to amend the Network's recommendation to instead offer to assist the Commission to develop a formal grievance process to investigate and remedy complaints.
    - Chair Steinberg said he will report back at next month with some thoughts.

- Rusty Selix said in his former capacity as a writer for parts of the Act, he would like to create an understanding from his perspective on some of the things that were shared at yesterday's meeting. Reality is that between the time the Act was written and the time of the election, $300 million were lost in Realignment funds. If he had had full knowledge of this when the Act was written, he would have asked for more money. One place to capture dollars is through savings from people who end up in hospitals because there is not enough community care. He said there are no silos in the MHSA or the Realignment funding. The concept was that on the adult side there is money in silos, but the money would be wrapped around those silos, particularly for the children. Federal matching funds should be sought. Work needs to be done in this area. MHSA will be directing 80 percent of the funds and the fund is going to grow faster than all the other funding sources. We should ask the actuaries how much richer are the rich going to get and how fast will the revenue will grow. Money goes out through the counties but it should never go out through a simple formula that gives every county an amount of money for the community service supports. It needs to be controlled. The state can incentivize what it wants the money spent on for counties with good outcomes. Under AB34 there are real time outcomes. There are measures to assess these outcomes and you get real time reports. He received a fax this morning that says LA County has a blatant case of supplantation and this is something that should be reviewed.
    - Chair Steinberg asked for a copy of the fax and asked Laurel to look into this and report back to the Commission. He mentioned that supplantation will be on a future agenda because it is an item that needs to be reviewed.
- Jeffrey Giampetio talked about the review tools. There were no clients or family members involved in the process of creating the review tools. They were taken strictly from the CSS requirements. In requiring review with the yellow sheet over each work plan requires more work and doesn't add to the constructiveness of the comments that need to be made. There is no space on the actual work plans of either the white sheet or the yellow sheet to make appropriate comments. He recommended that a check mark system be put in place. Mr. Giampetio suggested to re-look at the actual structure because currently it is counterproductive to write comments on paper and not have it be used.
    - Chair Steinberg asked if the reviewers get together to designate a spokesperson to summarize the comments. Ms. Wynne said that Mr. Giampetio comments refer to the DMH review tools and process. Mr. Giampetio said he knows that the paperwork goes to the final team leader who incorporates everyone's comments.
- Ramona Valadez said she is with Three Rivers Lodge and urged DMH and the Mental Health Oversight & Accountability Commission to set aside for the 50 plus Indian mental health service providers in California funding for a partnership. This type of partnership would guarantee that these providers can expand their direct mental health care services to more Native American mental health clients in California. She would like the Commission to know that her program is just one of a dozen Native American programs in mental health providers in California that have received a CalWorks grant and she would like the Commission to know where the dollars have gone in hopes that by urging the Commission to set aside funds more mental health workers can be hired to work with them. Many thought their symptoms were withdrawal from alcohol and drug addiction, but in fact some had bipolar or schizophrenia. Today, because of the small amount of funds received from the state she has a part time therapist who provides hope to these people. She asked the Commission to provide Three Rivers Lodge with the kind of help it needs for their people.
    - Ms. Wynne asked if her tribe engaged in the county stakeholder's process. Ms. Valadez said there were representatives but Three Rivers Lodge is a provider under them and it is not a tribe.

- Chair Steinberg said the Commission will agendize the issue of disparities and whether or not Native Americans have been involved in the stakeholder's process. The Commission will address the access issue for Native Americans.

- Ruth Tiscareno said she is a parent advocate with Systems of Care and she is backing up the System's of Care Act that Ms. Hawkins presented. She asked that the promises that were made to the children and their families not be forgotten. She asked the Commission to see what can be done to get the funds back in order to keep helping families.
- Gwen Slattery said she is with United Advocates of Children of California and she too would like to support the need to reinstate Systems of Care funds. She has five children that she has adopted through faster care and the help that they received through Systems of Care made a difference in the lives of her children and she once again urged the Commission for the reinstatement of Systems of Care funds.
- Susan Mayer with EMQ Family Services encouraged the Commission to not forget about pursuing mental heath parity, especially given some of the federal legislative concerns, as well as getting the federal government to increase the Medi-Cal eligibility criteria to reflect cost of living. In order to leverage the assets of other systems we need to pool resources and incentivize collaboration (provide a reinvestment fund). Metrics need to be established based on outcomes and progress towards goal as well as the number one type of services it is similar to utilizing both a balance sheet and profit/loss statement with the overall goal of enhancing quality of life and demonstrate an ROI. She said that what gets measures gets done. She encouraged the Commission to think of the investment in teleconferencing and pod casts. She would like to see the education and training people to consider a licensed community facilitator position to be very specific to the skills and abilities that are needed to link people up to the services.
    - It was noted that the Department of Mental Health has just released the parity report based on Helen Thompson's parity legislation and copies should be distributed to everyone.
- Vicki Smith updated the Commission on some of the trainings that CIMH is developing around MHSA. She stated that she was impressed with the presentations of this particular meeting of the Commission and thanked the Commission and staff for the work they did in setting this up. She hopes the Commission will continue on the larger transformational issues. The Wellness Foundation has provided funding to develop transition age events where collaboratives will be built between mental health people working with transition age youth with other transition age youth serving agencies as well as youths themselves. There will be 11 regional housing trainings, two of which have already been done. At the end of each two-day training people leave with the beginnings of a strategic plan for working together. There is also an annual housing and homeless coordinator's meeting that will be held in August. Planning Committees and trainings include, in most cases, family members and consumers as well as the counties who are the participants in the training and the State Department of Mental Health. In the future it would be good to include some people from OAC as well. There will be a two-day project management training to be held three to four times throughout the state. She said hopefully by June regional meetings of MHSA coordinators will be initiated.
- Ralph Nelson said there is not a lot of information on how to handle first breaks and perhaps the Prevention and Early Intervention Committee can encourage some type of research regarding the first break area. He noted that he will be holding a one day housing conference on the May 18 and Chair Steinberg will be attending.

VII. Action Items

1. Chair Steinberg proposed membership for an Executive Committee to be comprised of the Chair, the Vice Chair and a representative from the Prevention and Early Intervention

and Innovation Committee, a representative from the CSS Committee, and a liaison from Los Angeles its size. So for now the Executive Committee being proposed is Chair Steinberg, Vice Chair Gayle, Commissioners Hayashi, Wynne, Chesbro and Ridley-Thomas.

Commissioner Poat said he is concerned that there is only one seat being designated for a demographic purpose and he suggested to have a large area/small area designated because every area of California is important. It was the consensus of the Commission to eliminate the geographical representative.

Motion carried unanimously.

2. Chair Steinberg recommended the establishment of a Finance and Audit Committee whose role would be the accounting and fund balances and expenditures, the collection of all appropriate revenue, the coordination with the Department on fund balances and expenditures, the recommended policies on reserves, and leveraging all mental health resources. Chair Steinberg asked the Commission to delegate the make-up of this Committee to the Executive Committee.

   Commissioner Wynne suggested that the Committee be a cross representation of the membership of the Commission.

   Motion carried unanimously.

3. There has been talk about the development of a work plan to address the private industry parity integration with the Mental Health Services Act. Chair Steinberg said he feels this would be a sound thing to put into the Commission's work plan.

   Motion carried unanimously

4. Chair Steinberg suggested that the Finance Committee make a recommendation to the Commission on the transformational budget change proposal.

5. The suggestion was made to provide some kind of recognition to the agencies that the Commission visits.

6. At the next meeting it was suggested to select a target date for an annual report. It is important to let the public know what the Commission is doing and how it is doing it.

The meeting was adjourned.

Minutes approved: 5/26/06